Supporting Resilience in Rural Areas Through Cross-Sector Partnerships

The Value of Cross-Sector Engagement in Rural Communities

Working across sectors of government agencies, community organizations, businesses, and academic institutions is critical to address public health challenges in all communities, though there are some unique considerations for cross-sector work within rural communities. Using a cross-sector—or Health in All Policies (HiAP)—approach recognizes that the well-being of rural populations is influenced by a complex set of interconnected factors related to social, economic, and environmental determinants.

The cross-sector approach outlined in this report seeks to bring together diverse expertise, resources, and perspectives to develop holistic strategies that can support infrastructure improvements, sustainable land use practices, diversified economic opportunities, safer and healthier home environments, and robust healthcare systems in rural communities. Through community leadership and collaboration, this approach can enhance the capacity of rural communities to adapt to climate change and foster long-term sustainability to improve public health outcomes.

Unique Environmental Challenges in Rural Communities

Rural areas are often some of the hardest hit communities during extreme weather events. Floods, droughts, heavy storms, and other climate events can worsen public health risks for vulnerable populations in rural communities.

Similarly, the built environment in rural areas—including housing and agricultural structures—can be susceptible to the impacts of disaster events, leading to increased risks and potential disruptions to daily life, agricultural production, and economic activities. During these events, people are often required to shelter inside, emphasizing the need for healthy indoor environments.

Additionally, public health practitioners in rural areas are tasked with addressing environmental health risks in the face of climate events, including increased exposure to extreme heat, social stress, and limited access to healthcare facilities and resources.

Rural Protective Factors

Despite these challenges, rural areas may also have several protective factors that can support communities as they adapt to a changing climate and new environmental realities. Communities with a strong sense of social connectedness tend to have overall better health and well-being, safety, and resilience. Social connectedness also helps support trust-building in relationships, a key element of the HiAP approach. Rural communities who engage in a HiAP approach to climate adaptation may also see co-benefits in economic diversification and job creation, particularly when investing in renewable energy infrastructure and reforestation efforts.
Strong governance and supportive policies at the local, state, and national levels are also essential protective factors. Governments and institutions that prioritize climate adaptation and invest in rural communities can provide the necessary infrastructure, financial resources, and regulatory frameworks for cross-sector collaboration, such as funding opportunities that encourage working with partners in different sectors to enable communities to adapt and sustain efforts. Effective governance structures ensure equitable access to resources, foster collaboration between sectors, and facilitate the implementation of climate-resilient strategies.

**Rural Cross-Sector Collaboration**

Collaboration between different sectors such as government agencies, community organizations, businesses, and academic institutions can lead to more holistic and effective solutions for promoting public health. Cross-sector engagement supports innovation, coordination, and community involvement, ensuring that climate-related challenges are addressed comprehensively and inclusively. By prioritizing engagement across sectors, rural communities can leverage collective strengths and build or strengthen resilient systems that not only mitigate climate risks but also foster long-term sustainability and thriving rural economies.

**Considerations for Engaging Rural Partners**

Since there is no single accepted definition of “rural,” partners may choose to define rural communities in their own way. Fortunately, partnerships can also exist across a spectrum of engagement to meet communities where they are. Meaningful community engagement is critical to any public health initiative, and cross-sector collaboration can occur at various stages, from information-sharing to implementation and evaluation. Public health professionals that engage rural partners in decision-making throughout the course of any partnership can strengthen the impact of that partnership and ensure it fits the needs and unique considerations of that community. The following considerations for partnership can be applied to any public health endeavor, but they are especially important when initiating or strengthening work in partnership with a rural community.

**TRUST:** Building trust takes time and effort. Invest in relationship-building activities, such as regular communication and face-to-face meetings. Prioritize active listening to identify common goals and values, and to establish a foundation of trust and mutual respect.

**HUMILITY:** Approach collaboration with humility. Members and leaders of rural communities have helpful expertise and can offer valuable perspectives. It is important for non-rural partners to acknowledge this expertise and honor the lived experience of local community members.

**UNDERSTANDING:** Understand the core values of community partners, whether it is an emphasis on strong family support systems; close-knit sense of community; pride in self and family; self-reliance, independence, and work ethic; or the importance of justice, loyalty, and faith. The core values of each community may look a little different, so it is important to approach each engagement with an open mind.
**Most Important Concepts**

**SHARED GOALS:** Highlight shared goals and common values when framing conversations with rural partners. Incorporate storytelling as a powerful tool for communication and understanding, allowing for personal narratives that resonate with the community’s experiences and values.

**COMMITMENT TO EQUITY:** Facilitate a shared understanding and commitment to equity. Engage in dialogue to develop objective metrics that can effectively measure progress towards equity goals, promoting transparency and accountability.

**CONTEXTUALIZING HEALTH EQUITY:** Consider framing discussions on health equity in the context of historical disinvestment and limited access to essential infrastructure in rural regions and communities. Highlight the systemic challenges faced by members of rural communities and work towards identifying structural barriers.

**LANGUAGE:** Be mindful of the language used when engaging with any partners. As with all partnership building efforts, it is important to use terminology that is accessible, resonates with the community, and avoids jargon or technical terms that may hinder understanding and participation.

**ENGAGEMENT:** Identify and engage with existing coalitions or cross-sector task forces that operate in rural areas. Leverage these networks to expand partnerships and collaborate with stakeholders who are

---

**Idaho Recreational Lead Exposures:** Idaho’s Department of Health and Welfare (IDHW) used a cross-sector approach to address recreational lead exposures, such as hunting, fishing, and gun ranges. In partnership with Idaho’s Department of Environment, Department of Fish and Wildlife, Bureau of Land Management, Boy Scouts of America, local hunting organizations, and others, IDHW developed factsheets promoting safety when encountering recreational lead sources. IDHW’s approach to community education focuses on understanding, rather than prohibition, of recreational activities that could contribute to lead exposure.

**Michigan Climate and Health Adaptation Planning:** Michigan’s Department of Health and Human Services (MDHHS) developed a pilot program in rural communities, using data visualization and other communication strategies to engage rural partners. MDHHS communicated the importance of adapting the built environment to promote resilience and protect public health from the harmful effects of climate change. The planning guide offers strategies to foster collaboration among different sectors and interest groups across communities.

**Austin Climate Equity:** The City of Austin created a Climate Equity Plan with a goal of equitably reaching net-zero greenhouse gas emissions by 2040. The Plan was informed by community input and seeks to promote community health, affordability, accessibility, economic justice, community voices, cultural preservation, and government accountability. The Plan lays out key strategies, including establishing a regional cross-sector collaborative and supporting community-based projects that prioritize environmental justice in rural and urban neighborhoods across Travis County.
already working towards similar goals.

**Oregon Preterm Birth Rates**: Healthy Start programs in Oregon’s Douglas and Josephine Counties serve rural populations and aim to promote equitable access to pregnancy, childbirth, and postpartum care. Both counties take a cross-sector approach to promoting maternal and infant health, including engaging Community Action Networks, coordinating referral services across partners, and creating cross-sector task forces to develop county-wide strategic priorities.

**PEER-TO-PEER SHARING**: Facilitate peer-to-peer connections and opportunities for sharing between rural partners. Foster a collaborative environment where rural communities can share their knowledge, experiences, and best practices with each other, rather than relying solely on technical assistance from external partners.

**Kansas Rural Champions**: The Kansas Department of Commerce created a network of local leaders across rural communities to champion grassroots projects in the areas of housing, wellness, childcare, workforce, and economic and community development. These **rural champions** receive support from the Department of Commerce and work across sectors with other partners to address critical public needs in rural communities.

**PLATFORM**: Facilitate meaningful collaboration between rural community members and governmental decision-makers to ensure that their perspectives and needs are effectively represented. Ensure that any proposed activities are contextualized by involving individuals who have lived experience in rural areas.

**Wisconsin Broadband Access**: Wisconsin Governor’s Health Equity Council is comprised of over 30 partners that include representatives from different sectors of state and local government, community organizations, and local businesses. The Council identified broadband access as a statewide **priority** in order to promote digital equity in rural communities and improve access to affordable high-speed internet and telehealth services in rural areas.

**TAILORED SUPPORT**: Recognize potential limitations in staffing and resources within rural health departments and community organizations. Tailor engagement activities to ensure partners have the necessary support and resources to meaningfully participate.

**Chesapeake Healthy Homes**: The Chesapeake Housing Mission (CHM) partnered with four county health departments in the Lower Eastern Shore of Maryland to form the **Healthy Homes Initiative**, which seeks to offer no-cost home repairs for local residents living below the poverty level. Additionally, CHM worked with a local hospital system to monitor health outcomes for participants in order determine the program’s return on investment in healthcare cost savings.

**LOGIC MODEL**: Consider creating a logic model as a tool to connect the needs of rural communities with the intended actions and outcomes of the engagement efforts. Logic models can help articulate the
rationale, objectives, inputs, and anticipated impacts of the program, providing a clear roadmap for implementation.

**Additional Resources:**

- **Health in All Policies**
  - ASTHO | The Value of Health in All Policies
  - ASTHO | Framing Health in All Policies: Terms That Resonate
  - NEHA | HiAP Preparedness Guide
  - PHI | Health in All Policies: A Guide for State and Local Governments

- **Climate and Health Equity**
  - AMCHP | Equity in Telehealth Policy Framework
  - APHA | Climate Change, Health, and Equity: A Guide for Local Health Departments
  - ASTHO | Measuring Health Equity: An assessment of equity metrics in performance management and planning
  - CDC/ATSDR | Environmental Justice Index
  - CDC | Climate and Health: A Guide for Cross Sector Collaboration
  - CDC | Preparing for the Regional Health Impacts of Climate Change in the United States
  - Center for Disaster Philanthropy | Rural Populations
  - Massachusetts Department of Public Health | Racial Equity Data Road Map
  - Midwest Climate Collaborative | Midwest Climate Resource Network
  - NEHA | Integrating Environmental Justice and Climate and Health
  - State Health and Value Strategies | Transformational Community Engagement to Advance Health Equity

- **Rural Health**
  - Aspen Institute | Thrive Rural Framework
  - CDC | Rural Health
  - GHPC | Three Steps to Understanding Rural Landscape
  - NCHH | Healthy Housing in Rural Communities
  - Rural Health Information Hub | Rural Health Equity Toolkit
  - Rural Partners Network
  - USDA | Community Organizations Active in Disaster

**Acknowledgements**

ASTHO thanks staff from our partner organizations for their input in this document, including the American Public Health Association, Association of Maternal & Child Health Programs, George Washington University, Georgia Health Policy Center, Green & Healthy Homes Initiative, Health Resources and Services Administration, Kansas Health Institute, National Association of County and City Health Officials, National Center for Healthy Housing, National Environmental Health Association, and Pew Research Center.

This report was prepared with support from CDC. The content of this document is solely the responsibility of the author and does not represent the official view of CDC.